

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

| | |
|--------------|-------------|
| SERIAL NO. | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | |
| 2 | | | | | | |
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| 4 | | | | | | |
| 5 | | 2 | | | | |
| 6 | | | | | | |
| 7 | | 1 | | | | |
| 8 | | 1 | | | | |
| 9 | | 1 | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
| 12 | | 1 | | | | |
| 13 | | 1 | | | | |
| 14 | | 1 | | | | |
| 15 | | 1 | | | | |
| 16 | | 1 | | | | |
| 17 | | 1 | | | | |
| 18 | | 1 | | | | |
| 19 | | 3 | | | | |
| 20 | | 3 | | | | |
| 21 | | | | | | |
| 22 | | 1 | | | | |
| 23 | | 1 | | | | |
| 24 | | 1 | | | | |
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| 50 | | | | | | |
| TOTAL IND. | 3 | | | | | |
| TOTAL DEP. | 3 | | | | | |
| TOTAL CLAIMS | | | | | | |

PTO-1360 (3-78) *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE
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